

## **Application Data Sheet**

### **Application Information**

|                                 |  |
|---------------------------------|--|
| Application number::            | Unassigned   |
| Filing Date::                   | 10/16/01   |
| Application Type::              | Regular  |
| Subject Matter::                | Utility  |
| Suggested classification::      |  |
| Suggested Group Art Unit::      |  |
| CD-ROM or CD-R??::              |  |
| Number of CD disks::            |  |
| Number of copies of CDs::       |  |
| Sequence Submission::           |  |
| Computer Readable Form (CRF)?:: |  |
| Number of copies of CRF::       |  |
| Title::                         | METHODS AND APPARATUS FOR<br>REDUCING STREAMING MEDIA DATA<br>TRAFFIC BURSTS |
| Attorney Docket Number::        | 020564-000400US  |
| Request for Early Publication:: | No   |
| Request for Non-Publication::   | Yes  |
| Suggested Drawing Figure::      |  |
| Total Drawing Sheets::          | 14   |
| Small Entity?::                 | No   |
| Latin name::                    |  |
| Variety denomination name::     |  |
| Petition included?::            | No   |
| Petition Type::                 |  |
| Licensed US Govt. Agency::      |  |
| Contract or Grant Numbers One:: |  |
| Secrecy Order in Parent Appl.:: | No   |

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jason  
Middle Name::  
Family Name:: Lango  
Name Suffix::  
City of Residence:: Mountain View  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 801 Church St. #1313  
City of Mailing Address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94041

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Konstantinos  
Middle Name::  
Family Name:: Roussos  
Name Suffix::  
City of Residence:: Sunnyvale  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1063 Morse Ave. Apt. 8-103  
City of Mailing Address:: Sunnyvale  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94089

**Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::  
This application is Claims Priority of 60/297,943 06/12/01

**Foreign Priority Information**

Country:: Application number:: Filing Date::

**Assignee Information**

Assignee Name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::